

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	14	↓	↓	↓		
TOTAL CLAIMS	17	████	████	████	████	████

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		████	████	████	████	████	████	████
TOTAL DEP.		████	████	████	████	████	████	████
TOTAL CLAIMS		████	████	████	████	████	████	████